MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

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TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

	129	02	CERTI	FICA	TE OF DEATI	Н		Reg. Di	st. No.	26.5
1. PLACE OF DEATH o. COUNTY	Somerset		MARY	LAND	2. USUAL RESIDENCE (W		b. COUNTY	on: Resider Somer	set	odmission)
b. CITY OR TOWN	(If outside corporate limi	its, write	e. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpo				it town)
RURAL and give	risfield		11 weeks		X/ Marion	Stati	on			
OR INSTITUTION	CCreedy Hos		ddress)		d. STREET ADDRESS					IS RESIDENCE ON A FARM? (ES NO
3. NAME OF	Fit	rst	Middle		Lost	4. DATE	Mon	th	Day	Year
(Type or print)	PEAR	L	MISSOURI	- 7	BUTLER	OF DEATH	Decemb		22	19 56
Female	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D 🔲 B	DATE OF BIRTH	0	9. AGE (In years lost birthday) 56 yrs.	IF UNDER		UNDER 24 HR lours Min.
Do. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Stote			12. CII	TIZEN OF	WHAT COUNT
Housewi	rking life, even it relired		t Home		Accomack	Count	y, Virgi		US	
3. FATHER'S NAME					14. MOTHER'S MAIDEN					
	deorge Elive				Missouri	Franc	es Mears			
IS. WAS DECEASED EN (Yes. no. or unknown) No	FR IN U. S. ARMED FOR It's year, give wer or dates of t		3-09-3599		ormant rachel Butle	rMar	ion Stat:		Ma.	
	EATH [Enter only one co	ouse per line	for (a), (b), and (c),	2	1.4					AL BETWEEN
171X	IMMEDIATE CAUSE (C		1 opes 1	The	ranklin				01	u mo
Conditions, If)	nanety	25		3.7			Fer	C . sour
gave rise to couse (o), stating lying cause fast	g the under- DUE TO	Car	Errima 4	Cu	my = mit	astas	K		Frie	yan
3		IDITIONS CO	ENTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PAR		WAS AUTOPSY PERFORMED? ES NO
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING DEATH OF MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I or Part	t II of item 18.)			
20c. TIME OF INJU	10	ar 20d. IN. While at work	Not while of wark		E OF INJURY (Home, formary, street, office bldg., etc.		or lown)	(I	County)	(State
ACTUAL SIGNATURE	that I attended the			/3 death o	occurred at 12 45	ZM, from	the causes of reet, city or town,	ind on t		
PHYSICIAN'S I	Dr. A. N. Be	rr			Main St.	Cris	field, M	d.		
PENOVAL (Specific Buris 1	Dec.24.1		22c. NAME OF CEME St. Paul				n Statio			(State)
23. FUNERAL DIRECTO			ADDRESS			DEY REGIST				1

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BUREAU V. S.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12903 CERTIFICATE OF DEATH

12886 Reg. Dist. No. 965

1. PLACE OF DEATH o. COUNTY Somerset	MARYLANG	2. USUAL RESIDENCE (V o. STATE Maryl	, b. C	OUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lows)	c. LENGTH OF STAY IN TH		f outside corporate limits		
d. NAME OF HOSPITAL (If not in hospitol, give street of	Lifetime	Crisf	ield		237/
OR INSTITUTION McCready Hospita		d. STREET ADDRESS S. So	merset Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE	Manth	Day Year
(Type or print) HERMAN	ELMER	BYRD		ember	10, 19 56
Male White WIDOWE	D DIVORCED	B. DATE OF BIRTH	9 67	1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slo	te or fareign country)	12. CIT	ZEN OF WHAT COUNTRY
Retired Greceryman Who	elesale Grecer	y Crisfie	ld. Md.	U	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		7
Napeleen B. Byr	d	Se	rah C. Harr	isən	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	
No	Me	lvin ByrdC	risfield, M	aryland	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-	Oxenija Istanija	legia -	ouis \		2 days
Iying couse lost. (c)	ONTRIBUTING TO DEATH BUT				1 (o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. IN While p. m. 19 of work	Not while for	ACE OF INJURY (Home, fax tory, street, office bldg., e	rm, 20f. (City or town)	(C	County) (Slate)
21. I certify that I attended the decease olive on the 10 19	6, and that death	occurred ot	ADDRESS (Street, city of	ouses and on the rown, state)	ast sow the deceased the date stated above. DATE SIGNED 12/13/157
NAME (Type) Dr. C. G. Rawley		Main St	Crisfiel	d, Md.	
220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) Dec. 12, 1956	Sunnyridge C		Crisfield		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—-Crisfic	ADDRESS		C'D BY REGISTRAR 24	Saltara	S. Kedoma

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MARYLAND STATE DEPARTMENT

HEALTH-BALTIMORE, 18

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the centre, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	ar remayal.
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	1. PLACE OF	DEATH	17	898	3			2. USUAL RES	IDENCE (Where deced	sed lived.	If Institu		ence befo		
	. COUNTY		Somers	et		MA	RYLAND	o. STATE	Mary	-		COUNT		erse		
2	b. CITY OR	TOWN (I			w RURAL	c. LENGTH OF STA	AY IN 1b	c. CITY OR	TOWN (If outside cor	rporote limi	its, write	RURAL on	d give ne	arest tov	vn)
ŀ			Crisfi			Lifetin				field						3
	G. NAME O	r HOSPII	Pear S		if not in hos	pitol, give street odd	iress)	d. STREET	Pear	St.						SIDENC A FARM
	3. NAME OF DECEASED (Type or pr	int)		RAYM		Middle OSBOF	ENE	HILL		4. DATE OF DEATH		Manth	ember	Doy 28		9 56
	5. SEX				7. MARRIE	D NEVER MARK	RIED B.	DATE OF BIRTH	1		9. AGE (Il	davi	IF UNDER		IF UNDE	
	Male		Whit		WIDOWE			ovember		1926	30	yrs.	Months	Days	Havn	Min.
	100. USUAL O during most		ON (Give kind ng life, even il	d of work of if retired)	Fis	ind of Business of Market	OR INDUSTI	Crisf	ield	e or foreign	land			S A	WHAT (COUNT
	13. FATHER'S		Edward					14. MOTHER'S		NAME rice E	lvans					
	15. WAS DECI		FER IN U. S. A. (If you give work Korean	or dates of :	RCES? 16.	SOCIAL SECURITY N		iformant iward L.	HIL	1Cri	sfiel	Address	Maryl	and		
	200		TH WAS CAUS	SED BY	Burn	for (a), (b), and (c),						Upp		The same	AL BETWE	
ж.					2'01	TO BE	ot.b -	-3rd D	O CTY	00 TI11	ממות	De	3 3/2 1/10	1 50.4	NT 0 10	
	97	60	IMMEDIATE C	DUE TO		rned to De				0	rns	- Pa	art	In	stan'	C
	gave rise (o), stati	ta imme	immediate of the course of the		Fin	est degree	buri			0	t to	- Pa	art	In	r r	
	gave rise (o), statis	to imme ng the st.	ony, which diote cause underlying	DUE TO (b) DUE TO (c)	Fi.	est degree	burr n	as of er	tire	bedy	+70	TR		•	1	
	gave rise (o), static couse for PAI	to imme ng the st. RT II, OTI	ony, which diate cause anderlying HER SIGNIFICA	(b) DUE TO (c)	Su:	ffacatio	n ATH BUT N	OT RELATED TO	THE TERM	bedy MINAL DISEAS	+ 70	ION GIV		T 1(a) 19	1	UTOPS:
	gave rise (o), static couse for PAI	to imme ng the st. RT II, OTI	ony, which diate cause anderlying HER SIGNIFICA	(b) DUE TO (c)	SU SU DITIONS CO	ffacation NTRIBUTING TO DE	n ATH BUT N	OT RELATED TO	THE TERM	bedy MINAL DISEAS	SE CONDITI	ION GIV		T 1(a) 19	WAS A	UTOPS'
	gave rise (o), static couse for PAI	to imme ng the st. RT II, OTI RNAL CA D or CO DEATH.	ony, which diote cause underlying HER SIGNIFICA	(b) DUE TO (c)	Sur Sur Sur Subjections Co	ffacation of the contributing to describe the contribution of the	Duri	OT RELATED TO ther nature of in When E OF INJURY (II	THE TERM	MINAL DISEAS	E CONDITI	ION GIV	'EN IN PAR	T 1(a) 19	WAS A	UTOPS RMED? NO
	Quve rise (o), startic couse los PAI 20g. EXTEI 20g. EXTEI 20g. EXTEI 20g. TIME 2 21.	RNAL CA	underlying HER SIGNIFICA USE WAS NITRIBUTING E ORY Month,	DUE TO (b) DUE TO (c) ANT CONT 200 , Day, Yea	S1) S1) DITIONS CO Th. DESCRIBE Subject 1204. Hills 156 of wo	Fracation Tracation Tracat	Durr N ATH BUT N CURRED. (Ed. COPIT	of RELATED TO other nature of in ing when its OF INJURY (II ry, street, office	THE TERM jury in Po hous lone, formelolde, etc	body Almal Diseas If I or Port II Caug Cri Cri	EE CONDITION OF ITEM 18 The aff The of Item 18 The aff The of Item 18 The aff	ION GIV	EN IN PAR (Co	unity)	WAS A PERFOIES Md	NO D
	gave rise (o), startic couse los PAI (o), starti	to immeng the st. RT II, OTI RNAL CA OF DEATH. OF INJU TX. P. m.	which did to cause underlying her SIGNIFICA USE WAS NITRIBUTING CORY Month, Dec. 28 hat I taak	DUE TO (b) DUE TO (c) ANT CONE 200 Day, Year charge	S1) S1) Sitions co b. Describe Subject The state of wood of the re	Fracation of the contribution of the contribut	DURRED. (E. COPIT.) TORRED. (E. COPIT.)	of RELATED TO other noture of in g when the OF INJURY (I ry, street, office ve, held on	THE TERM jury in Po house tome, foribldg., etc	body MINAL DISEAS Int I or Port II Caug m., 20f. (Cir. Cri sy, I	se condition of item 18 tht aff y or lown) affel inspection	ion giv	(Co Some)	unity) rset	WAS A PERFOIES Md	NO D
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	gave rise (o), static course for PAI (o), static	to immeng the st. RT II, OTI RNAL CAO OF DEATH. OF INJU P. m. rtify ti psulted	which diote cause underlying underlying the R SIGNIFICATION CONTRIBUTING TO THE REPORT OF THE R	DUE TO (c) ANT CONE Day, Yea charge latural (c)	SUDDITIONS CO. Subjection 20d. 1 While of wo a fifther courses [Fracation of the contribution of the contribut	n ATH BUT N CURRED. (E. Cepir 20e. PLAC Home ed above , Suid	ot related to other nature of in g when te OF INJURY (II ry, street, office /e, held an ide, H ASSISTA	THE TERM THE TE	Alnal Diseas or I or Port II caug m, 20f. (Cit. sy , I	of item 18 int af yor lown) sfiel nspection ndeterm illian DEPU FOR Si	ion Giv	(Co. Some)	unty) rset ry X,	WAS A PERFORES (S) Md. and f	(State
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6 8 6 °	L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
should		PLACE OF DEATH D. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, desidence before admission) O. STATE D. COUNTY & MARYLAND
ge 4		TITY OR TOWN (If outside corporate limits, write RURAL and live nearest fown) .
Po Po	Z	irol Princeso Agence & your Mural Princeso France
prior it		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RÉS DENCE ON A FARM? YES NO
neral d neral d your fil gistrar		NAME OF DECEASED (Type or print) Affiddle Lost 4. DATE OF Month Day Year - (Type or print) Death DEATH 10. 23, 1056
For Service Se	5.	The state of the s
Fired F	1	while WIDOWED ONORCED 3/8/18-85 7/ yrs. Months Days Hours Min.
and 3 wind 2 will	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 SIREMPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 S. H.
may k	13.	FATHER'S NAME 1 14 MOTHER'S MAIDEN NAME 1
\$ 15 m 26	77	people H. Johnson Morry Me Suc
File po	100	AVAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 1. Address 1
PM3 PM3 mit.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
ara ara		PART I. DEATH WAS CAUSED BY: White Coverage Heart Alexan Menutes
exe in the massi		Conditions, if any, which) as De and William () Days live.
d be notified in		gove rise to Immediate couse
olor bur		(a), stating the underlying DUE TO
ficate s Jing" in Office sed as a	ATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\text{VES} \) NO \(\text{TS} \)
d "pend sminer's Id be us	CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.)
the working is a should be a s	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or tawn) (Caunty) (State) Hour e, m. While Nat while of work at work.
AM Med Med Poge		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
whilef		death resulted from: Natural causes [1], Accident [], Suicide [], Homicide [], Undetermined cause [].
o file OlkECT		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
he conditions and the conditions are conditions and conditions are conditional conditions are conditional conditional conditions are conditional conditions are conditional conditional conditions are conditional conditional conditional conditions are conditional co		EXAMINER'S D 4/ TC 6 21 C X 10 ASSISTANT MEDICAL EXAMINER D STEEL 26-57
DEPUT Strward Strward FUNER		NAME (Type) / L. T. J. C. P. T. S. G. T. DEPUTY MEDICAL EXAMINER []
Cute for for TO FU	12	(ILRIAL, CREMATION, 226, DATE THEREOF 28% NAME OF CEMETERY OR CREMATORY 220 TOCATION (City, lowg, for country) (Stote)
VS. A15ME(5) Y	23.	FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAM'S SIGNATURE
5M P/55	12	and Leumen trenelse True north 736/56 K. H. Jelisan, M. W.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BOULTU V. S

CERTIFICATE OF DEATH Reg. Dist. No filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY G. STATE " b. COUNTY MARYLAND PURAL and give hearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autise corporate limits, write RURAL and give negrest town) Pla d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 9 YES NO TO Ξ. NAME OF First Middle 4. DATE Lost Day Year DECEASED (Type or print) DEATH 100 6. COLOR, DE RACE 7. MARRIED NEVER MARRIED BY DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (aut-birthday) Months Days Hours 3 DIVORCED WIDOWED 5 yrs. The USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, event fretired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? after 13. FATHER'S WAME 14. MOTHER'S MAIDEN NAME ģ гета 15/WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> PART t. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mary Mary 76 X DUE TO Conditions, if any, which ! Ê gave rise to Immediate per **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Heur a. n. While Not white at work at work 21. I certify that I attended the deceased from 19 15 that I last saw the deceased 55 to. alive on and that death occurred at ______ from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE prior RAL DA PHYSICIAN'S NAME (Type) 0 FUNER 220. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY LECATION (City town, or county) (State) page REMOVAL (Specify) 0 23. FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24d REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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12893 Reg. Dist. No. 365

	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deced	ised lived. If institution Reside	nce before admission)			
ţ		rset	MARYLAND	a. STATE Maryland b. COUNTY Somerset					
1	b. CITY OR TOWN (If outs RURAL and give nearest Cris		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porole limits, write RURAL and	give nearest town)			
		not in hospital, give street	address)	d. STREET ADDRESS		o. IS RESIDENCE			
		W. Main St.		714 W. Mair	St.	YES NO			
	3 NAME OF DECEASED (Type or print)	GEORGE First	EDWARD	PARKINSON, SR. J. DATI		3 1956			
	5. SEX 6. C	OLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		R I YEAR IF UNDER 24 HRS.			
		hite WIDOW		Jan. 1, 1895	61 yrs.	Doys Haurs Min.			
,	10a, USUAL OCCUPATION (G during most of working li	iive kind of work dane 10b. ife, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12. Ci	ITIZEN OF WHAT COUNTRY?			
1	Waterman		Seafood	Deal Island, M	aryland U	J S A			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
			arkinson	Emma Abbott	;				
and the same	15. WAS DECEASED EVER IN I	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address				
7	No		220-12-2338 M	rs. Eva HallCris	field, Md.				
	Canditions, if any, we gove cise to immediate to immediate to immediate to immediate the uning course last.	DUE TO which diote nder- DUE TO (c)	Carline De Carlose me Contributing to DEATH BUT	tostarii rolerumit Rt 10 NOT RELATED TO THE TERMINAL DISE	Bronchus ASE CONDITION GIVEN IN PAI	INTERVAL BETWEEN ONSET AND DEATH 2 COLLEGE 7 Mov. RT 1(o) 19. WAS AUTOPSY PERFORMED?			
golf	PART II. OTHER SI 200. ACCIDENT WAS UN OR CONTRIBUTING D C (IF EITHER, NOTIFY MED)	DERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or F	art II af item 18.)	YES NO D			
	20c. TIME OF INJURY M Hour e. j1, p. m.		Not white fo	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	ity or town)	(County) (State)			
	21. I certify that I alive on	attended the decease. 12. 12. A. N. Barr	54, and that death	M.D. Crafiel		last saw the deceased the date stated above. DATE SIGNED			
	-REMOVAL (Specify)	Dec. 5, 1956	22c. NAME OF CEMETERY OF Sunnyridge Co		ATION (City, town, or county) sfield, Md.	(Stole)			
	23. FUNERAL DIRECTOR'S SIG		ADDRESS	240. REC'D BY REG	ISTRAR 246. REGISTRAR'S SI	GNATURE			
	bradshaw	& SonsCrist	rield, Md.	DATE 0/6/	56 Barbar	S. Redams)			

funeral director, uld be filed with ITTENDING INVSICIAN: The law requires that the death Berifficate be executed within 24 haurs after death. Page 4 may be retain by the haspital ar attending physician.

TO FUNERAL DYNCTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL NN A15 (4) 15M 9/55



12894

CERTIFICATE OF DEATH

L		73 US				Reg. Dist. No.	205		
1	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Who	ere deceased lived. If instituti	on Residence before	admission)		
-	Somerset		MARYLAND	Maryla		Somerset			
ı	b. CITY OR TOWN (If outside corpor RURAL and give nearest town)	ote limits, write	c. LENGTH OF STAY IN 15		c. CITY OR TOWN (If autside corporate timits, write RURAL and give nearest town)				
L	Crisfiel		2 Weeks		Station				
	d. NAME OF HOSPITAL (If not in ho OR INSTITUTION CCT CE CY	Hospital	address)	d. STREET ADDRESS			ON A FARM? YES TO NO		
3	NAME OF	Fint RONIA	ESTHER POW	Last ELL	4. DATE More December 1		Year 19 56		
5	SEX 6 COLOR OR	RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years				
П	Female White	WIDOW	ED 2 DIVORCED	Oct. 8, 1877	Job birthdoy)	Months Doys I	Hours Min.		
ī	On. USUAL OCCUPATION (Give kind o during most of working life, even if	work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ir foreign country)	12. CITIZEN OF	WHAT COUNTRY		
L	Housewife	A	t Home	Salisbury	, Maryland	USA			
T	3. FATHER'S NAME			14. MOTHER'S MAIDEN N					
V	William	Н. Н. В	ailey	Alice	Robinsen				
lι	Yes, no, or unknown) a fif was own was as			NFORMANT		fress	-		
ľ,	No		one C	hester Powell-	Marion Stati	on, Md.			
	Conditions, if any, which)			ute Dil of	heart -	INTER	VAL BETWEEN T AND DEATH		
	couse (a), stoting the under DUE TO & Course (a), stoting the under Out TO & Course (a) Course (a), stoting the under Out TO & Course (a), stoting to under (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c								
CEDTICICATION	104,9°	,					PERFORMED?		
		DEATH SINER) 206. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	festure of	right hep	(femus)		
MEDICAL	20c. TIME OF INJURY Month, Do Hour a. p. p. m.	While	Not white of work	ACE OF INJURY (Home, form, tory, street, affice bldg., etc.)		(County)	(Stote)		
ı	21. I certify that I attende	d the decease	ed from Dic. 2	1956, to De	c. 23, 1956	that I last saw	the deceased		
L	alive on Dec. 23	12.5	6, and that death	occurred at 2:28	M, from the causes o	and on the date	stated above		
ı	6	20			DORESS (Street, city or town,		DATE SIGNED		
	SIGNATURE Jenne	66mille	un mr	M.D. Man	eran Sta	- ma	12-26-5		
	PHYSICIAN'S Dr. Georg	e C. Cou	lbourn	Marion Sta	ation, Md.				
2	20. BURIAL, CREMATION, 22b. DATE PEMOVAL (Specify) Dec.2	THEREOF 5,1956	St. Paul's C	r CREMATORY emotery	22d. LOCATION (City, town, o		(State)		
2:	3. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & So	nsCris	ADDRESS field, Md.		1	STRAR'S SIGNATURE			
L.				DAGE 24	The place	12 N.17			

may be reto the haspital or attending physician.

TO FUNERAL COMPLETAL CONTROL And A securificate has been signed by the attending physician and campletely filled in bythered director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, ar removal, and in any event within 72 hours after death. I TENDING ■HYSICIAN: The low requires that the death certificate be executed within 2 hours after death. Rage 4 TO HOSPITAL VS A15 (4) 15M 9/55



12895

CERTIFICATE OF DEATH 2909 Reg. Dist. No. 265 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Somerset o. COUNTY o. STATE Semerset MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Crisfield Lifetime Crisfield d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Calvary Section McCready Hospital YES NO DE NAME OF First Middle DATE Month Year DECEASED HANNAH TLUEHART STEVENS 1956 (Type or print) December 24 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Dovs Female White Dec. 25, 1898 WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Crisfield. Md. At Home USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tennison Fluehart Hattie Wharton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Albert E. Whitman-Crisfield. None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Surcoma **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) AEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour c. n. While Not while of work at work , 1956, to ACCC 2.4 1956 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED

ACTUAL SIGNATURE

Dr. C. G. Rawley

Main St .-- Crisfield, Md.

(Stole)

220. BURIAL, CREMATION, 22b. DATE THEREOF Dec.

22c NAME OF CEMETERY OR CREMATORY Crisfield Cemetery

22d. LOCATION (City, town, or county) Crisfield,

23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S

NAME (Type)

ADDRESS Bradshaw & Sons--Crisfield, Md.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 2 VS A15 (4) 15M 9/55

FUNER

page the re

BUREAU V. S.

DEAMOS

1				MARYL	AND S	TATE DEPARTM	ENT OF	HEALTH	-BALTIA	MORE, 18	12	896	
4 5E				129		CERTIFIC	ATE OF	DEATH	1		Reg. Dist.	No. 2	65
Page directo		1	PLACE OF DEATH o. COUNTY	Somerset		MARYLAND	o. STATE	idence (Wh	ere deceased live	A COLUMN	Residence i		ision)
deoth:	11		b. CITY OR TOWN RURAL and give i	(if outside corporate limits, nearest lown)		LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF o	utside corporate				rn)
2/2 11		-	d. NAME OF HOSP	Crisficle ITAL (If not in hospitol, give		ince Birth	d. STREET	ADDRESS	<u>id</u>			e IS RE	SIDENCE
UN OF THE OF	()		OR INSTITUTION	McCready Hos	spital							ON	A FARM?
24 ha	1	3	NAME OF DECEASED (Type or print)	First		Middle	TAWES		4. DATE DEATH	Month		Doy	Year 19 56
ithin ely fu Paga		5.	SEX		MARRIED	NEVER MARRIED	8. DATE OF BIRT		9 A	GE (In years	FUNDERIY		DER 24 HRS
ed w			emale		VIDOWED [Decembe		1956	O yes.	Months 0	2 dours	Min.
d com	,	100	during most of wo	ION (Give kind of work do rking life, even if retired)		ID OF BUSINESS OR INDU	STRY 11, BIRTHP	LACE (Slote	or foreign countr	y)			T COUNTRY?
D 5 2 D	- 1	13.	NOMO FATHER'S NAME			None	14. MOTHER	SMAIDEN N			US	A	
om be cian a carba s after	5	A.		wath W. H. T	lawes				rine Ols	son			
hysi haur	1	15. (%	WAS DECEASED EV	ER IN U. S. ARMED FORCE		CIAL SECURITY NO. 17.	NFORMANT			Addres	15		
ling se re	~		No				lwath W.	H. Tawe	s-Crist	ield, M	d.		
deol thend plea vithiu				ATH [Enter only one cous ATH WAS CAUSED BY:	e per line f			4_				INTERVAL B	ETWEEN D DEATH
The di		П	2	IMMEDIATE CAUSE (0)		Lema	lucil	7				5/2	ma
by ill			Conditions, if	OUE TO			,						
ires ermi			gove rise to	immediate (
on sign			Lying souse lost										
he law physici nas bell rial-tran	~	CERTIFICATION			TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(PERF	AUTOPSY ORMED?
IAN: T tending ficate if the but			20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIE	E HOW INJURY OCCURRE	D. (Enter noture o	of injury in P	ort I or Part II o	Fitem 18.)			
PHYSI of m of his cert his cert was as		MEDICAL	20c. TIME OF INJU Hour a. js. p. m.	RY Month, Day, Year 19	20d INJU While of work	Not while fo	ACE OF INJURY story, street, offic	(Home, form, te bidg., etc.)	20f. (City or to	own)	(Cour	nly)	(Stote)
NG For the transfer of For			21. I certify t	hot I attended the d	leceased	from Alex 4	195	e, to 4	lag 4	1956	that I las	t saw the	deceased
EN He			olive on	Alrea 4	, 1257	e_, and that death	occurred at	SP	_M, from th	e causes on	d on the	date stat	ed above.
CTO be det			ACTUAL SIGNATURE	Cerro	we	Pey.	M.D		ADDRESS (Street,	city or town, st	2/5/51		ATE SIGNED
rei RAL Should stror p	P		PHYSICIAN'S INAME (Type)	r. C. G. Raw	ley		N	ain St	Cris	field,	Ma.		
SOSP UNES UNES Cos regis		220	BURIAL, CREMATIC	i		C. NAME OF CEMETERY O			22d. LOCATION	(City, town, or	county)	(\$10	te)
OFOT		22	REMOYAL (Specify BUT18])	Crisfield Ce	netery		Crisfie				
VS A15 (4) 15M 9/55		23.		& SonsCri	sfiel			24g. REC'D	BY REGISTRAR	24b REGISTI	RAR'S SIGNA	TURE	-,
15M 9/55			00000					JUNIE /	6/54	Hall	ars)	s.ru	Lone
		ol	01731	5 XVO									

S'A MANUE

ITEMING FUYSICIAM: The tow remoires that the death continuate be executed within 24 hours after death. Page 4

TO HOSPITAL

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12911 CERTIFICATE OF DEATH

8 13116 Reg. Dist. No. 265

	o. COUNTY Somerset Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Somerset
10	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) Cristical Lifetime	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R. F. D. Lewsonia	d. STREET ADDRESS R.F.D. Lawsonia e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	1770	TYLER 4. DATE Month Doy Year OF DEATH December 29 19 56
	Female White WIDOWED DIVORCED	March 5, 1884 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
(10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife At Home	11. SIRTHPLACE (State or fore on country) Crisfield, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jehn Lewson	Maggie Baughesty
	(Yes, no or unknown) (It yes, give war or dates of service)	ORMANT Address
4	No None Wil	lliam H. Tyler-R.D.DCrisfield, Md.
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	linterval Between onset and Death
	Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO	
3		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO
		(Enter nature af injury in Part I ar Part It of item 18.)
		E OF INUURY (Home, farm, ry, street, affice bldg., etc.) 20f. (City ar town) (County) (State)
	21. I certify that I attended the deceased from.	1956, tolle 24 1956, that I last saw the deceased
		ccurred at 5. 4 AM, from the causes and on the date stated above.
	ACTUAL SIGNATURE SON M. Peyton M.	D. 334 Manney St - Cry field by 17/3/1/50
	PHYSICIAN'S Dr. Sarah M. Peyton	Main StCrisfield, Md.
	22c. NAME OF CEMETERY OR CO. BUT 121 Dec. 31, 1956 Asbury Cometer	(3,0,6)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons-Crisfield, Md.	DATE 8/57 Barbara S-Alama

EDELVA A. Z.

DIAMED AND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 265 ON A FARM? YES NO Year 19 56 FUNDER LYEAR IF UNDER 24 HPS Days 12. CITIZEN OF WHAT COUNTRY? II S A INTERVAL BETWEEN ONSET AND DEATH WASCHUTOPSY PERFORMED? YES NO (County) (State) 19 19 1 Sthat I last saw the deceased

(State)

BULLIU K. S.

· g NAL

DEALESTA

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed a. STATE b. COUNTY MARYLAND b. CITY OR/IOWN (If outside corporate limits, write RURAL and give nearest toyn) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) d. NAME OF HOSPITAL (y pot in hospital, gy street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F O HLK .5 Ď NAME OF * First Middle DATE Year DECEASED DEATH (Type or print) 19% COLOR, OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Morths Hours DIVORCED T WIDOWED | 8-3 YES 10a USUAL OCCUPATION (Gree kind of work done 10b. KIND OF 8USINESS OR INDUSTRY during gross of working life, even if retired) 12. CITIZEN OF, WHAT COUNTRY? zuei Il cu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17_ANFORMANT Address offending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN d ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Then evenf 200 DUE TO ģ permit. Conditions, If any, which ! been signed gave rise to immediate **DUE TO** cause (a), stating the underand lying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO IN 20a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) Hour a. p. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from... 1956, to lest . 1956 that I last saw the deceased , and that death occurred at 4.3 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S Cristield. Ivia per land NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) page (Stote) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d! REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

that

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Sa 'A nveuna

9961 8 03

DIAMES IN

ě. TO DEPUTY TANCAL EXAMINER: This certificate simuld be executed within 2m haurs after death. If any delay is necessary, please exercited by the funeral direction of the funeral direction is necessary, please exercited by the funeral direction of the function of the funeral direction of the funera

should		crematic	
Page 4		buriol,	
ive Pages 1, 2, and 3 to the funeral dire	. Poge 5 may be retained for your files.	t. File pages I and 2 with the registrar prior to	(
writing the word "pending" in pencil in Nem 18. Give Pages 1, 2, and 3	ief Medical Examiner's Office along with form PM3. Page 5	l: Page 3 should be used as a burial-transit permi	
cute the ce	forworded to the Ch	TO FUNERAL DIRECTOR	or removal.
. A	15/	ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.							
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)					
Some rset Maryland		o. STATE Maryland b. COUNTY Somerset					
b. CITY OR TOWN (If ourside corporate limits, write stuffat c. LENGTH OF STAY IN 1b and give nearest fown) Wenona 116		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Wenons.					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) at home		A. STREET ADDRESS mile off main road				e. IS RESIDENCE ON A FARM? YES NO	
J. NAME OF First DECRASED (Type or print) James	Middle	lan White	4. DATE OF DEATH	Month Decembe		Year 1956	
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.			9. AGE In years		IF UNDER 24 HRS.	
Male White WIDOV		une 2, 1887		lasi bidhdoy)	Months Doz 1	Hours Min.	
10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF SUSINESS OR INDUSTRY 11. SIRTHPLACE (Stole or foreign country) Seafood 12. CITIZEN OF WHAT COUNTRY Seafood U.S.A.							
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		. !		
Alexander White	Amanda Jones						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown)] [If yes, give wer or dates of service]	6. SOCIAL SECURITY NO. 17. IN	7. INFORMANT Address					
No	No Elizabeth White - Wenona, Maryland						
PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. (c) (c)							
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTION CO							
CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) While Not while of work of work of work 19 of work 1							
21. I certify that I taak charge of the remains described abave, held an Autapsy . Inspection . Inquiry . and find that death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause . ACTUAL SIGNATURE . M.D. CHIEF MEDICAL EXAMINER . DATE SIGNED EXAMINER'S NAME (Type) A F. JCh W 50 21 DEPUTY MEDICAL EXAMINER . MEDICAL EXAMINE							
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Siole)							
Parial 12/26/56 St. Pauls Wenona, Maryland 23. HUNGERS SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 249. REGISTRAR'S SIGNATURE ADDRESS A							

5M 9/55

e == 15.45 to 1 mg

BABS: 1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. cremation 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
o. STATE MARYLLAND
b. COUNTY O. COUNTSOMERSET b. COUNTY MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) VENTOR MONTH PRINCESS ANNE 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO die die 3 NAME OF First Middle 4. DATE Month Last Day Year DECEASED LAWERNCE (Type or print) WHITE DEATH 56 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS. nd 3 to the freeloned for 2 with the lest birthdoy) Months Days Hours Min. WIDOWED [MALE DIVORCED T YES, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S SOMERSET 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges 1 ANNIE M. WHITE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT P.M.3. mit. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: per with form IMMEDIATE CAUSE (a) -tronsit **DUE TO** Conditions, if ony, which pencil i along w buriol-t gave rise to immediate couse DUE TO (a), stating the underlying couse last. pending in 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY 50 PERFORMED? NO IT. 200. EXTERNAL CAUSE WAS PRIMARY OF ON CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH. Exami phoons 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) riting the w factory, street, office bldg., etc.) Not white o. m. 57) at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection IF Inquiry 14 e. 2 Natural causes 77. Accident Suicide [Hamicide . Undetermined cause 5 DIRECTO Pe DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE til. ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 REMOVAL (Specify) 0 GRACE VENTON MARYLAND. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 RECHSTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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